

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037447

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No.

Registrar's No. 67

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH

a. COUNTY

WASHINGTON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

HARMONY

Length of stay in 1b

194RS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

MO

b. COUNTY

WASHINGTON

c. CITY

OR TOWN

COURTOIS

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

JAMES

ELMER

SELLERS

4. DATE OF DEATH

Month

Day

Year

SEPT 7

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-22-1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

DAVISVILLE MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

GEORGE W. SELLERS

13b. MOTHER'S MAIDEN NAME

LAURA

14. NAME OF HUSBAND OR WIFE

MAUDE SELLERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MAUDE SELLERS

Address

COURTOIS, MO

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atrioventricular block, complete

INTERVAL BETWEEN ONSET AND DEATH

?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Unknown cause (444-x36)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7/16/62

to 9/4/62

and last saw him alive on

9/4/62

Death occurred at

11:30P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Salem, Missouri

22c. DATE SIGNED

9/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-10-1962

23c. NAME OF CEMETERY OR CREMATORY

SELLERS

23d. LOCATION (City, town, or county)

CEM. DILLARD

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

FRANK WOOD, STEELVILLE, MO

25. DATE RECD. BY LOCAL REG.

9/13/62

26. REGISTRAR'S SIGNATURE

Helen Kendall

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 1100

2 1100

3

4 0

5 1

6

7 0

8 0

9 433.0

10

11

12 90-0

13 1-0

DEC 5 1962

SEP 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Steelville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.